



**BlueCross BlueShield
of Texas**

Invoices - Invoice Details

BARS Number: TX433010006 - HIDALGO COUNTY

Invoice Period: 05/13/2017 - 05/19/2017 Process Date: 05/19/2017

Invoice Detail

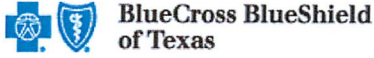
Invoice Detail summarizes claims activity by association.

Claim Period: 05/13/2017 - 05/19/2017

| Cust Nbr | Set Nbr | ASC Nbr | Association Name | Total Claims Month To Date | Total Claims Week To Date | Drug Claims | Dental Claims | All Claims But Drug, Dental | Claim Count |
|------------------------------|---------|---------|--------------------|----------------------------|---------------------------|-------------|---------------|-----------------------------|-------------|
| TX433 | 01 | 001 | HIDALGO COUNTY | \$10,891.97 | \$4,646.94 | \$1,854.33 | \$0.00 | \$2,792.61 | 66 |
| TX433 | 01 | 002 | HEAD START | \$3,489.04 | \$157.17 | \$0.00 | \$0.00 | \$157.17 | 1 |
| TX433 | 01 | 003 | APPRAISAL DISTRICT | \$923.74 | \$381.54 | \$0.00 | \$0.00 | \$381.54 | 11 |
| TX433 | 01 | 004 | COMMUNITY SERVICE | \$184.27 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| TX433 | 01 | 005 | DRAINAGE DISTRICT | \$104.01 | \$104.01 | \$0.00 | \$0.00 | \$104.01 | 3 |
| TX433 | 01 | 006 | RETIREEES | (\$38.99) | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| TX433 | 01 | 007 | COBRA | \$70.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | 0 |
| Customer Total Claims | | | | \$15,624.04 | \$5,289.66 | \$1,854.33 | \$0.00 | \$3,435.33 | 81 |
| Customer Grand Total | | | | \$15,624.04 | \$5,289.66 | \$1,854.33 | \$0.00 | \$3,435.33 | 81 |

~~< 88.42 >~~ CLAIM RECOVERY CREDIT APR 2017
 < 1.49 > 2016 PERFORMANCE GUARANTEE PENDING CREDIT
 (A) 5,199.75 TO BE W/T

5,289.66+
 88.42-
 1.49-
 5,199.75*



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Invoices - Invoice Summary

BARS Number: TX433010006 - HIDALGO COUNTY

Invoice Period: 05/13/2017 - 05/19/2017 Process Date: 05/19/2017

I want to view: Invoice Summary

Invoice Summary

Invoice Summary displays the weekly amount owed for claims paid by Blue Cross Blue Shield for the selected week.

Weekly
 Customer: HIDALGO COUNTY
 Contact: FLORA VAZQUEZ
 Bill To: HIDALGO COUNTY
 2818 SOUTH BUSINESS HWY 281
 EDINBURG, TX 78539-6243
 UNITED STATES

Invoice Date: 05/19/2017

[Print Invoice](#)

Invoice Statement

Period: 05/13/2017 - 05/19/2017

7-2201-415-00-115-010-0-350

Customer Total \$5,289.66

~~Settlement total (\$88.42)~~

Invoice total \$5,201.24

Adjustment total \$0.00

7-2201-360-00-000-000-0-000

~~Prior Adj CR Bal (\$1.49)~~

Pay this Amount \$5,199.75

Please submit payment within 48 hours of receipt

Settlement Total Details

~~Claim Recovery Credit Apr 17~~

Payment Instructions

Please follow the instructions below when remitting your payment.

For Electronic Payments (Wire or ACH), make payments to:

Mellon Bank
 Health Care Service Corporation
 ABA#: 043000261
 Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Invoice ID TX433010006 and Invoice Date: 05/19/2017

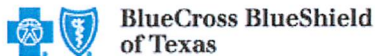
Contact

Finance-Contact: BELINDA HARRINGTON
 Email: BELINDA_HARRINGTON@BCBSTX.COM

Phone Number: (972) 766-6802

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Welcome, Angelica Tapia (Acct #021185)

Employer Home

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BARS Number: TX433010006 - HIDALGO COUNTY

Invoice Period: 05/06/2017 - 05/12/2017 Process Date: 05/12/2017

I want to view: Invoice Summary

Invoice Summary

Invoice Summary displays the weekly amount owed for claims paid by Blue Cross Blue Shield for the selected week.

Weekly
 Customer: HIDALGO COUNTY
 Contact: FLORA VAZQUEZ
 Bill To: HIDALGO COUNTY
 2818 SOUTH BUSINESS HWY 281
 EDINBURG, TX 78539-6243
 UNITED STATES

Invoice Date: 05/12/2017

[Print Invoice](#)

Invoice Statement

Period: 05/06/2017 - 05/12/2017

9,908.24+ A
 9,909.73- B
 1.49* PENDING CREDIT

| | | |
|-----------------------|--------------|---|
| Customer Total | \$9,908.24 | A |
| Settlement total | \$0.00 | |
| Invoice total | \$9,908.24 | |
| Adjustment total | \$0.00 | |
| Prior Adj CR Bal | (\$9,909.73) | B |
| Credit Balance | \$0.00 | |

Your ending balance is a credit. DO NOT PAY \$0.00

17,327.54+ PERFORMANCE GUARANTEE 2016
 2,705.50- APR 2017 VENDOR FEES
 4,286.17- 4/22-28/17
 426.14- 5/1-5/17
 9,908.24- 5/6-12/17
 1.49* PENDING BALANCE

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 Health Care Service Corporation
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 Account#: 120-5032

When remitting electronically via wire or ACH, please indicate: Invoice ID TX433010006 and Invoice Date: 05/12/2017

Contact

Finance-Contact: BELINDA HARRINGTON
 Email: BELINDA_HARRINGTON@BCBSTX.COM

Phone Number: (972) 766-6802

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